

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	4/1
Original	4/2
1 1	4/3
2 2	4/4
3 3	4/5
4 4	4/6
5 5	4/7
6 6	4/8
7 7	4/9
8 8	4/10
9 9	4/11
10 10	4/12
11 11	4/13
12 12	4/14
13 13	4/15
14 14	4/16
15 15	4/17
16 16	4/18
17 17	4/19
18 18	4/20
19 19	4/21
20 20	4/22
21 21	4/23
22 22	4/24
23 23	4/25
24 24	4/26
25 25	4/27
26 26	4/28
27 27	4/29
28 28	4/30
29 31	4/31
30 32	5/1
31 33	5/2
32 34	5/3
33 35	5/4
34 36	5/5
35 37	5/6
36 38	5/7
37 39	5/8
38 40	5/9
39 41	5/10
40 42	5/11
41 44	5/12
42 45	5/13
43 46	5/14
44 47	5/15
45 48	5/16
46 49	5/17
47 50	5/18

Claim	Date
Final	4/1
Original	4/2
47 51	4/3
48 52	4/4
49 53	4/5
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55 59	4/11
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74 78	4/30
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90 94	5/16
91 95	5/17
92 96	5/18
93 97	5/19
94 98	5/20
95 99	5/21
96 100	5/22

Claim	Date
Final	4/1
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93 100	4/3
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101 110	4/11
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119 129	4/29
120 130	4/30
121 131	5/1
122 132	5/2
123 133	5/3
124 134	5/4
125 135	5/5
126 136	5/6
127 137	5/7
128 138	5/8
129 139	5/9
130 140	5/10
131 141	5/11
132 142	5/12
133 143	5/13
134 144	5/14
135 145	5/15
136 146	5/16
137 147	5/17
138 148	5/18
139 149	5/19
140 150	5/20

If more than 150 claims or 10 actions
staple additional sheet here